

A SECOND SERIES OF

9.

FIFTY CASES OF OVARIOTOMY,

WITH THREE DEATHS.

By LAWSON TAIT, F.R.C.S.,

SURGEON TO THE BIRMINGHAM HOSPITAL FOR WOMEN, &c.

*(Read before the Birmingham and Midland Counties Branch, January
8th, 1880.)*



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WHEN I read the report of my first series of fifty cases to the Branch nearly two years ago I had a story to tell of not a very comforting kind, that is, of my fifty cases nineteen died; it then was a mortality of 38 per cent. Now I can give an altogether different account, for of my second fifty cases only three have died, or a mortality of six per cent.

No.	Medical Attendant.	Private.	Hospitl	
51	Mr. Hall Wright	R		
52	Dr. Page, Solihull	R		
53	Mr. Addenbrooke, Kiddermin'r		R	
54	Dr. Woods, Burton	R		
55	Dr. Crowe, Worcester		R	
56	Dr. Turnbull, Exmouth	R		
57	Dr. Arminson, Preston	R		
58	Dr. Moore, Preston	R		
59	Dr. Dixon, Preston	D		
60	Mr. W. C. Garman	R		Shock or Ether?
61	Dr. Larkin, Bilston		R	
62	Mr. W. C. Garman	R		
63	Dr. Coleman, Wolverhampton	R		
64	Dr. Fenton, Coventry		R	
65	Dr. Handford		D	Thymol Spray.
66	Dr. Dixon	R		
67	Dr. Fitch, Chaddesley.....	R		
68	Dr. R. B. Nason	R		
69	Mr. Freer	R		
70	Dr. Wood, Bromsgrove		D	Mitral Disease.
71	Mr. Watkin Williams	R		
72	Dr. Vinrace		R	
73	Dr. Fansset, Tamworth	R		
74	L. T.	R		
75	Dr. Hollinshead	R		
76	Dr. Blackwood	R		
77	Mr. Freer	R		
78	Dr. Davies	R		

No.	Medical Attendant.	Private.	Hospit'l	
79	Dr. McCarthy, Wellington	R		
80	Mr. Wright Wilson	R		
81	Dr. Thursfield	R		
82	Dr. Norris		R	
83	Dr. Messiter	R		
84	Dr. Meredith.....		R	
85	Mr. Clay	R		
86	L. T.	R		
87	Dr. Higgs	R		
88	Hospital Case		R	
89	Dr. Blackwood		R	
90	Hospital Case		R	
91	Hospital Case		R	
92	Mr. Evans	R		
93	Mr. Hammond		R	
94	Dr. A. W. Tomkins.....	R		
95	Dr. Lee Strathy		R	
96	Hospital Case		R	
97	Hospital Case		R	
98	Dr. Tylecote	R		
99	Dr. McLachlan.....	R		
100	Dr. A. W. Tomkins.....	R		
		R		
		D		
		32	15	47
		1	2	3
		33	17	50—6 % Mortality.

Of the three deaths one had nothing to do with the operation, for she was rapidly progressing towards recovery when she died suddenly, evidently from the heart, and Dr. Saundby found conditions in the heart which fully accounted for the sudden death, and which probably would have been fatal had there been no question of ovariectomy in the case.

The second death occurred between three and four hours after the operation, and was either a death from the anæsthetic (ether) or from shock, or both. The operation was a very long and complicated one, the patient never became conscious, her breathing became more and more feeble despite the free use of stimulants, and after death nothing could be found to account for the result. The third death was, I believe, due to irritative peritonitis set up by the free use of thymol as an antiseptic.

Of the cases which recovered I think there were as many having severe and difficult complications as in my

first series, and certainly of absolutely uncomplicated cases there were fewer. What, then, is the cause, or rather what the causes of my increased success?

I must remind you of what I said in my first paper as to the probable causes of my failures in that series. First, my hospital mortality was so bad that I lost more than half my hospital cases. I ceased operating in the hospital, and my cases got well; and now that we have got an institution out in the country in which the appointments are theoretically perfect, and practically as nearly so as may be, our results are simply unprecedented. Of this second fifty seventeen were operated upon in hospital with two deaths, or 11·7 per cent. Thirty-three cases were operated upon in private houses with one death, or nearly three per cent. mortality.

Another factor in the increased success of very great importance is undoubtedly my increased personal experience. To this I alluded in my previous paper, and now I can speak more strongly still, for I can look back on a large number of my former failures with regret, for I am satisfied if I had had the same experience and readiness for dealing with emergencies, if I had understood the importance of minute attention to details then as I do now, these cases would have been recoveries instead of deaths.

A third element in the increased success, and probably more important than any, is the introduction of the intra-peritoneal method of dealing with the pedicle. In my first paper I detailed twelve cases, with two deaths, in which I used the ecraseur and dropped the pedicle in, closing the wound completely; and I said that probably I should revert to this practice. Instead of that, however, I adopted the short ligature as used by Dr. Keith, and the success has been almost uniform, as I have had only three deaths out of forty-six cases in which I have used it, and one of these was the sudden death I have alluded to. The clamp cures, on the other hand, have had a mortality of nearly one in four—seventeen out of sixty-three—and this wholly independent of antiseptics. A fourth circumstance to be alluded

to as bearing an important influence on the increased success is that the medical friends who are kind enough to send me cases send them now in the earlier stage, so that I get fewer half-dead women to operate upon; and my belief is that when the importance of this becomes more fully spread amongst gentlemen engaged in general practice we shall reduce still further the death rate of ovariectomy till it almost disappears. Two out of my three deaths were cases in the last stage of the disease.

I shall be expected to say something about the influence of the antiseptic system, but I am debarred from discussing that here by reason of my having presented a paper on this point to the Royal Medico-Chirurgical Society. I can only say that I see no evidence that it has any such influence as is claimed for it, and though I rigidly carry it out in every case, both public and private, I do so because I feel bound to give my patients every chance for their lives, and I cannot make out that the system does any more harm than delaying the union of the wound for a few days; and it certainly has this merit—that it necessitates an attention to minute details which secures method and order in the operation, and this must prevent accidents of hurry and neglect. I shall only briefly say that my antiseptic and non-antiseptic mortality may be analysed thus:

Clamp without antiseptics...				25	% mortality.
,, with				26·9	,,
Ligature without				6·6	,,
,, with				3·45	,,

As the use of antiseptics with the ligature is confined to my most recent practice, the difference of 3·2 per cent. in favour of the cures in which antiseptics may be put down quite as fairly to increased experience as to antiseptics, as we find that in Dr. Keith's experience his mortality went down steadily from twenty-two to eight per cent. before he introduced the antiseptic method in his practice, and since then his progress has been just as gradual, till now he can show, I believe, as many as seventy-three consecutive cases of recovery.

Mr. Wells has continued the use of the clamp till very lately, whilst Dr. Keith gave it up quite early in his practice, and I sincerely wish I had followed his example. As an interesting comparison I place Mr. Wells' second series of fifty cases and Dr. Keith's corresponding series in contrast with my own.

	Deaths.
Mr. Spencer Wells' second series of fifty cases ...	17
Dr. Keith's " " " ...	8
Mr. Lawson Tait's " " " ...	3

P.S.—Mr. Knowsley Thornton, who has appeared as a strong advocate for antiseptics, and speaks in no measured terms as to the completeness of the proof of the germ theory, the perfect logic of its application to the practice of surgery, and the perfect success of that application, has just published a paper in the *Medical Times and Gazette*, in which he gives his results in these words:—"I have now performed ovariectomy one hundred and thirty times, with full Listerian precautions. Of these one hundred and thirty patients fourteen died, a mortality of 10·76 per cent." Mr. Thornton then goes on to explain his mortality, and attributes it largely to septicæmia already in existence due to tapping having been done without antiseptic precautions. Such an explanation is so wholly unsupported by my own experience that I do not care to discuss it seriously. It is worthy of note, too, that he attributes the deaths of two of his cases to pulmonary inflammation caused by the spray. This is a danger to which we have all been alive, but Mr. Thornton seems so far to have been the only one to have experienced it, or, at least, to publish its results.

In contrast to Mr. Thornton's results with antiseptics, it is only necessary to point out that Dr. Keith had a mortality of only eight per cent. with the intra-peritoneal method of treating the pedicle before he began to use the Listerian method at all. This shows that Mr. Thornton is premature in his conclusion that our increased success is

due to these methods, and if his own results are to be argued from I think the argument will be against Listerism.

In my own practice I still retain the spray and the instrument baths, but I have been obliged to give up Lister's dressings entirely, owing to their disastrous effects upon the wounds. The absorbent cotton wool pads, introduced by Mr. Sampson Gamgee, have proved in all respects better than any other dressings I have ever used.

